

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

#### SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Hanover Foods		Month:	Year:
Municipality:	Penn Township	County: York	NPDES Permit No.: PA0044741	Outfall No.: 001
Watershed:	7-H	-	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on September 30, 2020	

Laborat	_	Effluent Parameters																
	-		T		_			<u>_</u>	ttiue	nt Parameter	S		I		1		1	
Day		Flow		рН		DO		TRC		Color		Temperature		CBOD5	TSS		Oil and Grease	
,	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	Pt-Co Units	Q	٥F	Q	mg/L	Q	mg/L	Q	mg/L
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I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By:	Signature:
Title:	Date:

Page 1 of 2



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

#### SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Hanover Foods			Mon	th:		Year:	
Municipality:	Penn Township	County:	York	NPC	ES Permit No.: PA	0044741	 Outfa	ıll No.: 001
Watershed:	7-H			Ren	ewal application du	ie <u>180 days</u> prior to	o expiration	
Laboratories:				This	permit will expire of	on <u>September 30, 2</u>	<u>2020</u>	
			E	Effluent Parameters	S			

	Effluent Parameters															
Day	Fed	cal Coliform	A	Ammonia	PI	Total hosphorus	Tota	al Cadmium								
	Q	CFU/100 ml	Q	mg/L	Q	mg/L	Q	mg/L	q		Q		Q	Q	q	
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Title:	Date:

Page 2 of 2



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

#### SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Hanover Foods		Month:	Year:
•	Penn Township	County: York	NPDES Permit No.: PA0044741	Outfall No.: 002
Watershed:	7-H	•	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on September 30, 2020	

									ffluo	nt Parameter		•		ptember 50, z				
			1		1		I		inue	iii Parailleter	<u> </u>		1				1	
Day		рН		CBOD5		COD		TSS		Oil and Grease		Total hosphorus	Dissolved Iron		1	Total Iron		
,	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	
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Avg																		i

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Prepared By:	 Signature:	
Title:	Date:	



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

#### SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Hanover Foods		Month:	Year:
Municipality:	Penn Township	County: York	NPDES Permit No.: PA0044741	Outfall No.: 003
Watershed:	7-H	•	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on September 30, 2020	

								E	fflue	nt Parameter		me vim expire s						
Day		рН		CBOD5		COD		TSS		and Grease		Total hosphorus	Dis	solved Iron		Γotal Iron		
	Q	S.U.	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	
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Prepared By:	Signature:	
Title:	 Date:	



#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT**

#### **SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Hanover Foods Municipality: Penn Township Watershed: 7-H				County	County: York			No.: PA0044741 ation due <b>180 days</b> prior to expira expire on <u>September 30, 2020</u>				
						ATION (Identify	each off-site rer	moval event and incineration e	vent)			
☐ Check		ere no off-site r ewage Sludge/				wage Sludge/Bio	a a li da	Sewage Sludge/Biosolids				
Date	Liquid St	Hauled Off-site	e e	D	ewatered Se Hat	wage Siuuge/ыс uled Off-site	solius	Dewatered and Inc	inerated On-s	te		
	Gallons	% Solids	Dry Tons	Tons De	ewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons		
		TOTAL				TOTAL			TOTAL			
		TOTAL:				TOTAL:		J	TOTAL:			
		SEWAGI						EFICIAL USE INFORMATION ed or land applied)				
	Site Name						-					
	Municipality  County											
DE	EP Permit No.											
	e of Material*											
	s Applied/Disp of Disposal/Us							+				
	lauler Name	30										
*See Instr	uctions for exp	lanation					•	·				
information of my know	submitted. Bas vledge and belie	ed on my inquiry	of the person or pand complete. I	persons who nam aware that	nanage the sys	tem or those persor	ns directly responsi	m designed to assure that qualified ible for gathering the information, the information, including the possibility of	information sub	nitted is, to the best		
Pre	epared By:					_	Signature:					
Titl						-	Date:					

3800-FM-BPNPSM0439 Rev. 3/2014



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

#### SUPPLEMENTAL REPORT - CHEMICAL ADDITIVES USAGE

acility Nar Junicipality Vatershed		Townshi	ls ip		Co	ounty: <u>York</u>	ζ	Month: Year: Year: NPDES Permit No.: PA0044741 Outfall No.: Renewal application due 180 days prior to expiration This permit will expire on September 30, 2020								
							Ch	emical Nam	•	ATTINE WIII O	дріго от <u>оо</u>	otorribor oc	, 2020			
							Cii	Cilical Ivali	163		1				1	
Day	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs
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certify und formation s f my knowle	submitted. I edge and b	Based on elief, true	my inquiry of	of the perso	prepared under on or persons ve. I am awar alsification).	who manage	the system	or those per	sons directly	y responsit	ole for gatheri	ng the inforr	nation, the i	nformation	submitted is	, to the best
Prepared By:								Signatu	ıre:							
Title:						Date:										



#### CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

					NUTE	KIENT MONIT	ORING				
Facility Municip Watersl		over Foods n Township		County	r: York	N R		o.: <u>PA0044741</u> ion due <u>180 day</u> xpire on <u>Septem</u>		Year: Outfall No.: tion	
	FLOW	Tota	l P	NH	3-N	ТК	(N	NO <sub>2</sub> +NO <sub>3</sub> as N		Total N	
DAY	MGD	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L	lbs/day	mg/L lbs/day	
1											•
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	Monthly To	tal Loads (lbs):				1		J			1
I certify u information	nder penalty of on submitted. I	Based on my inquir	ry of the person or	r persons who ma	anage the system	n in accordance with or those persons dii ignificant penalties fo	rectly responsible	for gathering the in	nformation, the inf	ormation submitted	d is, to
for knowi	ng violations.	See 18 Pa. C.S. §	4904 (relating to u	ınsworn falsificati	on).		_	imomiation, inclu	ang the possibility	or title and implist	Juli Cut
	•	ared By:				Signature:					
	Title:					Date:					



#### CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Municipality: Watershed: Total N Credi	e: Hanover Foods Penn Township 7-H ts Purchased During Delivery Ratio: 0.96	Month:lbs	nty: <u>York</u>		PA0044741 due 180 days prior to exp re on September 30, 2020		D.:
		Total Nitrogen – Pou	ınds		Total N	itrogen – Offse	ets
Registry Number	Contract Effective Date	Credits Applied / 0.961 (lbs)*	Credits Sold / 0.961 (lbs)	DEP Approval Date	Source	Amount (lbs)	DEP Approval Date
Мо	nthly Total (lbs):				Monthly Total (lbs):		
Indicate the cr	redits that you wish to a	pply this month toward compliance	with annual load limitations.	ı	(103).		
Mont	hly Net Nitrogen Lo	Load (lbs): oad (lbs): ocument was prepared under my di	(Actual Load + (Credits	Sold / TN Delivery Ra	tio) – (Credits Applied / 1		
nformation sub ne best of my k	mitted. Based on my ir knowledge and belief, tr	ocument was prepared under my diaquiry of the person or persons who ue, accurate and complete. I am a sc. § 4904 (relating to unsworn falsific	manage the system or those persware that there are significant per	sons directly responsible for	gathering the information, the	information submitt	ted is, to
	Prepared By:		Sign	nature:			
	Title:		Date	e:			



#### CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Municipality: Watershed: Total P Credit	7-H	Month: lbs	nty: <u>York</u>	Renewal applicatio	:: <u>PA0044741</u> in due <u><b>180 days</b> prior to exp ire on <u>September 30, 2020</u></u>	oiration	D.:
		Total Phosphorus – P	ounds		Total Ph	osphorus – Off	sets
Registry Number	Contract Effective Date	Credits Applied / 0.436 (lbs)*	Credits Sold / 0.436 (lbs)	DEP Approval Date	Source	Amount (lbs)	DEP Approval Date
Мо	nthly Total (lbs):				Monthly Total (lbs):		
Indicate the cr	edits that you wish to a	pply this month toward compliance	with annual load limitations.	l	(ibs):		
		us Load (lbs):	(Actual Load + (C	• ,	very Ratio) – (Credits Ap	plied / TP Delive	ry Ratio) –
nformation subr	mitted. Based on my in nowledge and belief, tr	ocument was prepared under my di quiry of the person or persons who ue, accurate and complete. I am av s. § 4904 (relating to unsworn falsific	manage the system or those perware that there are significant per	sons directly responsible fo	or gathering the information, the	information submit	ted is, to
	Prepared By:		Sign	nature:			
	Title:		Date	e:			

3800-FM-BPNPSM0447 3/2012



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

#### CHESAPEAKE BAY SUPPLEMENTAL REPORT ANNUAL NUTRIENT SUMMARY

Facility Name: Hanov Municipality: Penn T Watershed: 7-H Total N Credits Purcha Total P Credits Purcha	Township ased During Yea		County: \( \) lbs	York		For Compliance NPDES Permit Renewal applic This permit will Delivery Ratios:	ation due <u>180 d</u> expire on: <u>Sept</u>	l1 <u>lays</u> prior to ex ember 30, 2020	•	No.:
		al Mass Loads lbs)	Credits Sold / Delivery Ratios (lbs)		Credits Applied / Delivery Ratios (Ibs)			sets os)	Monthly Net Mass Loads (lbs)	
MONTH	Total N	Total P	Total N	Total P	Total N	Total P	Total N	Total P	Total N	Total P
October										
November										
December										
January										
February										
March										
April										
May										
June										
July										
August										
September										
Totals:										
Truing Period	Annual Total Mass Loads (lbs)		Credits Sold / Delivery Ratios (lbs)		Credits Purchased / Delivery Ratios (lbs)				Annual Net (lb	
Calculations:		od Adjustments – Nov 28)								
certify under penalty of law that this document was prepare information submitted. Based on my inquiry of the person of the best of my knowledge and belief, true, accurate and confor knowing violations. See 18 Pa. C.S. § 4904 (relating to Prepared By:			rsons who mana e. I am aware	age the system o that there are sig	r those persons	directly responsites for submitting fa	ole for gathering the	he information, th	ne information subr	mitted is, to



#### NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures. If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

	y Name: ipality:		nover Foods nn Township		County:	York			Month: Permit No.: PA0044741				_
	Violatio	ns of	Permit Effluent	Limitations*									
	Date	)	Parameter	Permit Limit	Units	Statistical Code	Result	Units		Cause of Violati	on	Corrective A	Action Taken
	Sanitary	/ Sew	er Overflows an	d Other Unaut	horized	Discharges*							
	Event Date		Substance Discharged	Locatio	Location		Duration (hrs)	Receiving Waters		Impact on Waters Cause of		Discharge	Date DEP Notified
	Other Po	ermit	Violations*										
			ole collection less	•	•	Expl	ain						
			ole type not in cor tion of permit sch	•	ermit	Expl	ain						
	_	Other	•	edule		Expl	ain ain						
	=	Other				Expl	ain						
* If th	e space	prov	vided is not su	ufficient to re	ecord a	ıll informat	ion, please	attach addi	tiona	l sheets.			
I certify informa my kno	under pen ution submitt owledge and	alty of ted. Ba belief	law that this docun	nent was prepare the person or per complete. I am	d under r sons who aware tha	my direction or manage the sy	supervision in stem or those p	accordance with ersons directly res	a syste sponsibl	em designed to assure le for gathering the info formation, including the	rmation, the info	rmation submitte	d is, to the best of
			Prepared By:					Signature:	_				
			Title:					Date:	_				

pennsylvania

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

#### SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Hanover Foo	ods Corp									
Address:	1486 York S	treet									
		17331-0334									
	PERMIT N	IUMBER		MONITORING PERIOD  Year/Month/Day							
	PA004	4741					то				
PARAMET	ΓER	ANALYS	IS METHOD		LAB NAM	IE		LAB II	D NUMBE	R <sup>2</sup>	
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I certify under penalty designed to assure the manage the system, belief, true, accurate, imprisonment for known	at qualified person or those person and complete.	sonnel properly on s directly respor I am aware tha	gather and evaluate the sible for gathering the sible for gathering the sible for gathering the sible sible for gathering the sible	the informati ne informatio	on submitted on, the inform	d. Based on nation submi	my inqui tted is, to	ry of the po	erson or pe of my know	rsons who ledge and	
Name/Title Princ	cipal Executiv	ve Officer	Phone:		Sigr	nature of P Aı		Execution Execution		or	
			Date:								

<sup>1</sup> Submit this form with the first Discharge Monitoring Report (DMR) or Annual Report, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab(s), parameter(s) or method(s) of analysis.



pennsylvania commonwealth of Pennsylvania **DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION** 

#### **ANNUAL INSPECTION FORM** FOR NPDES PERMITS FOR DISCHARGES OF STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES

1. 3. 4.	•	# PA0044741	et, Hanover, PA 17331-0334	2. Facility Owner/Operator Name and Address:  Hanover Foods Corp  1486 York Street  Hanover, PA 17331-0334  Tel: (717) 632-6000 Fax:						
	Municipality	Penn Township	,	County York						
VIS	SUAL INSPE		·	County Tork						
Pro	ovide the fol	lowing inforn	nation for the storm event							
5.	Duration		_							
6.	Estimation of rainfall (in inches) †  The annual inspection should be conducted after a storm event that is greater than 0.1 inches in magnitude and that occurred at least 72 hours from the previous 0.1 inch storm event.									
7.	Estimate the til	me between the p	revious rain event							
8.	Volume = C x I when I is th A is	A, re C is the runoff of the rainfall amount the area (square)	lons) for each outfall and report it in ite coefficient (i.e, 0.9 for paved and 0.5 for (in ft), and feet) drained to the outfall inspected et to gallons by multiplying by 7.481).							
9.	Estimate the si	ze of the drainage	e area (in square feet) for each outfall.							
	Outfa	II #	Drainage Area	% Paved	% Unpaved	Volume in gallons				

Co	mplete the following information for each outfall inspected (items 10 through 15)
VIS	SUAL INSPECTION OF OUTFALL NUMBER
10.	Description of area(s) that drains to outfall.
11.	Description of stormwater management practices, erosion and sedimentation control practices, and other structural control measures that are in
	place to control pollutants from running off-site.
12.	Is there visible flow from the pipe?  Yes  No (Go to number 14)  Pipe Dia. (inches)
	a. ODOR: Chemical Musty Sewage Rotten Eggs Other
	b. COLOR: Clear Red Yellow Brown Other
	c. CLARITY: Clear Cloudy Opaque Suspended Solids Other
	d. FLOATABLES: Suds Oily Film Garbage Sewage Other
	e. DEPOSITS/STAINS: None Oily Sediment Other
13	Is there standing water present?  Yes  No (Go to number 16)
13.	a. ODOR: Chemical Musty Sewage Rotten Eggs Other
	b. COLOR: Clear Red Yellow Brown Other
	c. CLARITY: Clear Cloudy Opaque Suspended Solids Other
	d. FLOATABLES: Suds Oily Film Garbage Sewage Other  e. DEPOSITS/STAINS: None Oily Sediment Other
	e. DEPOSITS/STAINS: None Oily Sediment Other  f. VEGETATION: None Normal Excessive Inhibited Other
14.	Is there any evidence of or potential for any pollutant being discharged at this outfall?  Yes  No  Describe:
	If yes, identify substances present in the sediment (if possible).
15.	Description of corrective measures taken or planned to remove sediments or debris if found during inspection. Please provide a schedule if actions
10.	are planned.

CC	MPREHENSIVE SITE COMPLIANCE EVALUATION
16.	Do drainage maps reflect current conditions?
	If no, provide your comments.  Comments:
17.	Based on review of PPC Plan (including Housekeeping Measures), are any changes, corrections or updates necessary?  Yes No
	If yes, provide your comments.  Comments:
18.	Have you inspected all structural stormwater controls used to implement the PPC Plan to determine if they are adequate?  Yes No
	If no, provide your comments.  Comments:
19.	Have you inspected the entire site to determine if erosion and sedimentation control measures are adequate?  Yes No
	If no, provide your comments.  Comments:
- 20	Commencial according antique for a complete described as allowed to accord any deficiencies found as a world of the impossible Discourse idea.
20.	Summarize corrective actions/measures completed or planned to correct any deficiencies found as a result of the inspection. Please provide a schedule if actions are planned.
21.	Signature of Inspector
	me of Inspector:
	e Report Prepared:
	nature of Inspector:
22.	Signature of Owner/Operator of Facility
	ne/Title Principal Executive Officer Signature Date
INFO RES AND	ERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE DRMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY PRONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE OF COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION LUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 Pa. C.S. §4904 (relating to unsworn falsification).